

Appendix H.—Glossary of Acronyms and Terms

Glossary of Acronyms

AAPSR0 — American Association of Professional Standards Review Organizations

ACR —American College of Radiology

AHPA —American Health Planning Association

AS&E — American Science & Engineering Co.

BHP — Bureau of Health Planning (HRA)

BMD — Bureau of Medical Devices (FDA)

BRH — Bureau of Radiological Health (FDA)

CBA — cost-benefit analysis

CEA — cost-effectiveness analysis

CFR — Code of Federal Regulations

CON — certificate of need

CT — computed tomography, computerized tomography

DHEW — Department of Health, Education, and Welfare

DHHS — Department of Health and Human Services (formerly DHEW)

DC — Division of Compliance (BRH)

DEP — Division of Electronic Products (BRH)

DOD — Department of Defense

DPA — Designated Planning Agency

DQA — Division of Quality Assurance (BRH)

DR — Division of Radiology (NIH)

DRR — Division of Research and Resources (NIH)

DSR — dynamic spatial reconstructor

FDA — Food and Drug Administration (PHS)

FR — Federal Register

GE — General Electric

HCFA — Health Care Financing Administration (DHHS)

HECT — head-equivalent computed tomography

HMO — health maintenance organization

HRA — Health Resources Administration (PHS)

HSA — health systems agency

HSP — Health Systems Plan

IOM — Institute of Medicine (NAS)

MCE — Medical Care Evaluation (studies)

NAS — National Academy of Sciences

NCHCT — National Center for Health Care Technology (OASH)

NCHS — National Center for Health Statistics (OASH)

NCHSR — National Center for Health Services Research (OASH)

NCI — National Cancer Institute (NIH)

NEMA — National Electrical Manufacturers Association

NHLBI — National Heart, Lung, and Blood Institute (NIH)

NIH —National Institutes of Health

NINCDS — National Institute of Neurological and Communicative Disorders and Stroke

NMR — nuclear magnetic resonance

OASH — Office of the Assistant Secretary for Health (DHHS)

OHPA — Office of Health Practice Assessment (defunct)

OMAR — Office for Medical Applications of Research (NIH)

PETT —positron emission transaxial tomography

PHS — Public Health Service (DHHS)

PSRO — Professional Standards Review Organization

RSNA — Radiological Society of North America

SCBT — Society for Computed Body Tomography

SHPDA — State health planning and development agency

SUNY — State University of New York

USC —United States Code

VA — Veterans Administration

Glossary of Terms

Cost-benefit analysis (CBA): An analytical technique that compares the costs of a project or technological application to the resultant benefits, with both costs and benefits expressed by the same measure. This measure is nearly always monetary.

Cost-effectiveness analysis (CEA): An analytical technique that compares the costs of a project or of alternative projects to the resultant benefits, with cost and benefits effectiveness not expressed by the same measure. Costs are usually expressed in dollars but benefits effectiveness are (ordinarily) expressed in terms such as "lives saved," "disability avoided," "quality adjusted life years saved (QALY)," or any other relevant objectives. Also, when benefits/effectiveness are difficult to express in a common metric, they may be presented as an "array."

Device (medical): Any physical items, excluding drugs, used in medical care (including instruments, apparatus, machines, implants, and reagents).

Diffusion: The process by which a technology enters and becomes part of the health care system. It has two phases: adoption and use of the technology. Most studies of diffusion have only examined the adoption phase.

Effectiveness: Same as Efficacy (see below) except that it refers to ". . . average conditions of use."

Efficacy: The probability of benefit to individuals in a defined population from a medical technology applied for a given medical problem under ideal conditions of use.

Medical technology: The drugs, devices, and medical and surgical procedures used in medical care, and the organizational and support systems within which such care is provided.

Procedure: A medical technology involving any combination of drugs, devices, and provider

skills and abilities. Appendectomy, for example, may involve at least drugs (for anesthesia), monitoring devices, surgical devices, and physicians', nurses', and support staffs' skilled actions.

Risk: A measure of the probability of an adverse or untoward outcome's occurring and the severity of the resultant harm to health of individuals in a defined population associated with use of a medical technology applied for a given medical problem under specified conditions of use.

Safety: A judgment of the acceptability of risk (see above) in a specified situation.